

STATEMENT OF CONSENT FOR PERSONAL DATA PROCESSING

I, the undersigned

Name:

Surname:

Date of birth:

Employee of:

1. I agree Marins International AD, registered at 40. Graf Ignatiev Str, Varna, 9000, Bulgaria to process data and documents disclosed by me, which contain medical data and health related genetic data.

2. I am familiar and I accept my data to be disclosed to the respective insurers, where my employer maintains a medical, health or accident insurance for its employees for the purpose of purchasing such insurance and/or exercising my rights under such insurance.

3. I am familiar and I accept the Privacy Policy of Marins International published on their website www.marins.bg. I am also familiar with my rights under the data protection legislation and the ways to exercise them.

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Location, Date

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Signature